



JUNE 18-24, 2023

WELCOME!

Camp STAR Youth Amputee Retreat is Sunday, JUNE 18 to Saturday, JUNE 24, 2023!

We are open to youth between the ages of eight to 18 who live with limb difference or loss. Camp will be held at Camp Kon-O-Kwee/Spencer in Fombell, Pennsylvania. We encourage all children, no matter their current situation, to attend camp to experience first-hand the fun and friendship of being with other kids and staff with similar circumstances!

DROP OFF: Sunday, JUNE 18, 2 p.m.

PICK UP: Saturday, JUNE 24

CONTACT: Cindy McCue, 412-370-5481 or cindymcq1@gmail.com

FEE: Thanks to the generosity of donors, a \$50 non-refundable registration fee is the only cost requested of each camper, however, no camper is ever turned away for financial reasons! Please contact Cindy McCue at 412-370-5481 or cindymcq1@gmail.com if financial considerations are needed.

We look forward to seeing you this summer, so fill out your application and send it in today!

SEE YOU SOON!

Cindy McCue
Brianna McCue
Your Camp STAR Directors

Phone: 412-370-5481
www.chp.edu/campstar
Email: cindymcq1@gmail.com

In order for your registration to be complete, you must send all of the following to:

Camp STAR, 568 Waynesburg Road, Washington, PA 15301

- Please include a recent photo of your camper. If you have a digital picture, please email it to cindymcq1@gmail.com.
- Check or Money Order payable to: Camp STAR
- Health/Medical Information
- Medical Authorization
- Consent and Liability Release

It is VERY important that you fill the application out entirely and return it in a timely manner so we may plan a safe and enjoyable camp experience for your child.

Return registration to:

568 Waynesburg Road
Washington, PA 15301

Registration Deadline: June 4, 2023



CAMPER Registration

Health and Medical Information

Camper Last Name _____ First Name _____

Birth date _____ Age _____ Grade (this fall) _____

Camper's email: _____

Weight _____ Height _____

Shirt size: _____ Jogger Pant Size: _____

Family Contact Information: Parent/Guardian: _____

Address: _____

CITY _____ STATE _____ ZIP _____

Parent's Email Address: _____

Phone Number(s) (during camp): _____

Emergency Contact: _____ Phone Number: _____

Please attach a photo here
or
To the back of this registration
or
email to
cindymcql@gmail.com

Allergies	Specific Allergy	Reaction	Treatment
Medications			
Food			
Insects			
Latex			
Other			

Amputation Information:

Level: Hand Above Knee Above Elbow Shoulder Forequarter
 Symes Below Knee Below Elbow Hip Hemi

Site: Left Right Bilateral Trimemberal Quadrimemberal Other _____

Reason: Cancer Trauma Congenital Please Specify Other Please Specify
 Diabetes Vascular _____

Indicate Any Devices Used:

Crutches Prosthesis Wheelchair (see below) Other _____

My son/daughter will:

- Need a wheelchair occasionally during camp.
- Bring an electric wheelchair (dry cell battery/wet cell battery)
- Bring a wheelchair
- Not need the use of a wheelchair during camp

Additional Info that we should know or would be helpful:



CAMPER Registration

Current Medications (Please list and bring EPIPEN if your child needs one in the event of an allergic reaction)

MEDICATION(S)	DOSE	ROUTE	TIMES

Can your child swallow pills? yes no

OVER THE COUNTER MEDS: If the camper becomes ill at camp may the nurse administer age-appropriate over-the-counter medications (i.e. acetaminophen, ibuprofen, cough syrup, antihistamines, upset stomach medications)?

Yes No Yes, but please see exceptions below

Please list any common medications brands/types that **SHOULD NOT** be administered to your child:

Special care needs (if checked, give details below):

- Central Line Respiratory treatments IVF/TPN Feeding tube
- Oxygen Drains Glucose monitoring Ostomy care

Special Dietary Needs: (Please explain any special diet your child may have)

- Daily Living**
- Dressing Toileting Showering
 - Eating Oral Hygiene Personal Hygiene

Needs assistance with:

If you checked any of the above, please explain, in detail what assistance will be needed:

Other: Any other information that would be helpful to make the camp experience positive:

I certify that the above information is accurate and complete.

Parent/Legal Guardian Signature: _____ Date: _____



CAMPER Registration

Parental Medical Authorization

In the event of injury or illness to my child, I hereby grant authority to a qualified physician or dentist (or his/her designee) to render such medical treatment as said physician deems necessary under the circumstance and to preserve the life, limb or well-being of my dependent named _____

Allergies:

Any pertinent medical history (illnesses or injuries) _____

Physician: _____ Phone _____

Health Insurance: _____ Phone: _____

Policy No.: _____ Group No. _____

Dentist: _____ Phone: _____

Dental Insurance: _____ Phone: _____

Policy No.: _____

The undersigned hereby waives and releases the above person, and the Children’s Hospital of Pittsburgh of UPMC camp staff and volunteers from any and all claims, damages, costs, actions and cases of action as the result of any and all personal injuries sustained as the result of the above named child’s participation in activities or events while at the camp.

PARENT/GUARDIAN (print name)

SIGNATURE

ADDRESS: _____

PHONE: _____
(Home #) (Work #) (Cell #)

ALTERNATE NAME: _____ Phone: _____
(person to contact in case parent cannot be reached)



CAMPER Registration

Directions to Camp Kon-O-Kwee/Spencer

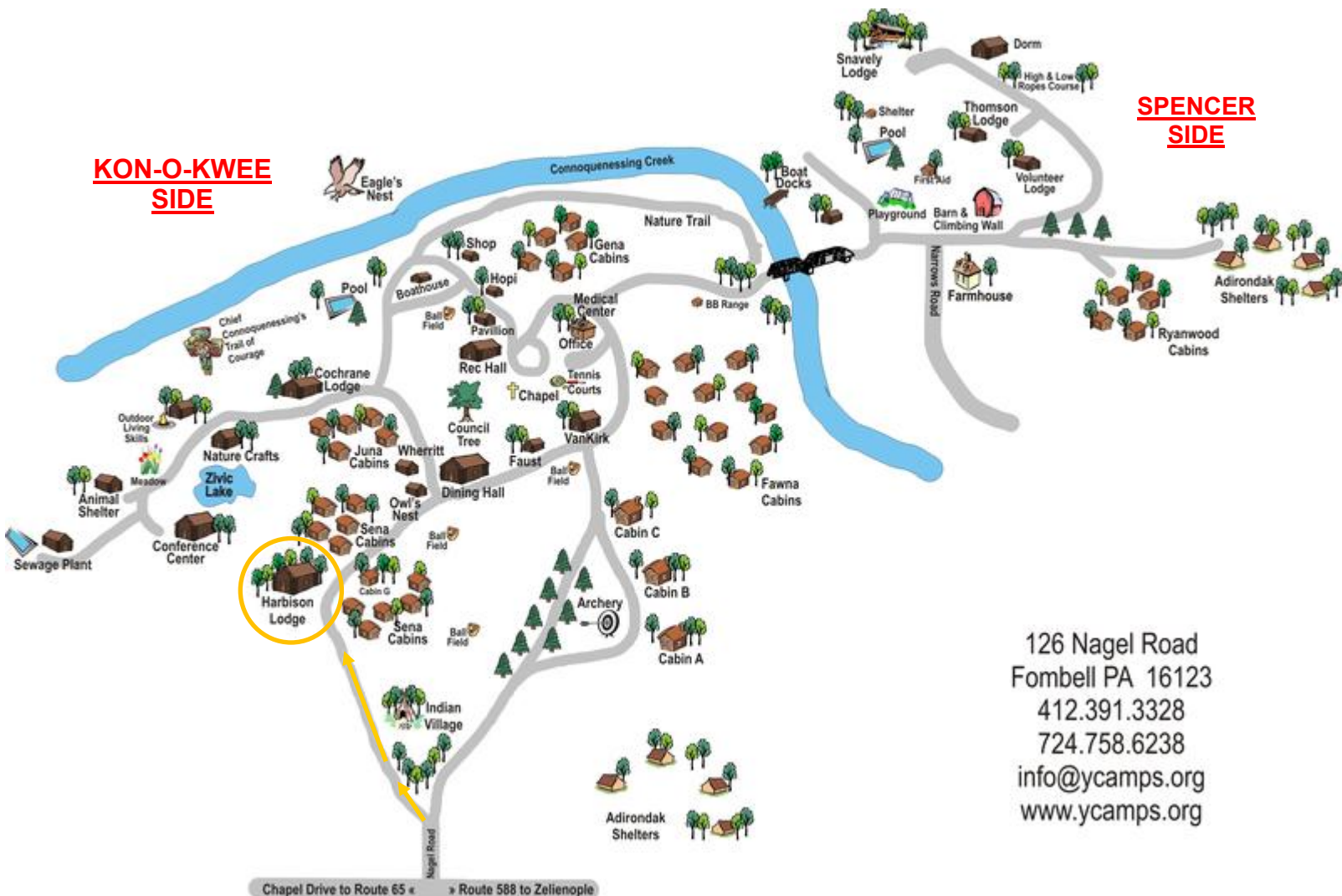
☆ From Pittsburgh:

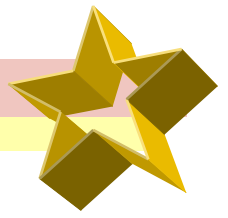
- ♦ take Route 19 north (to Zelenople) or Route 79 north to exit 83 (Evans City), make left, then follow 19 north to Zelenople.
- ♦ Turn West (left) off of Route 19 at the Hotel Kaufmann on Routes 288 and 588.
- ♦ Follow Route 588 west 5 miles to Camp entrance.— GO TO HARBISON LODGE

☆ **If traveling by Pennsylvania Turnpike:** use Exit 28 (Cranberry/Perry Hwy), then proceed north on Route 19 as instructed above.

☆ GO TO HARBISON LODGE UPON ARRIVAL TO CAMP KON-O-KWEE

YMCA Camp Kon-O-Kwee/Spencer Map





Camp STAR Camper Checklist

Please remember to label EVERYTHING

- ☆ Sleeping bag/ bed roll (sheets and blankets)
(some campers/counselors bring a twin size fitted sheet with their sleeping bag to cover the mattress)
- ☆ Pillow
- ☆ Bath towel(s) and washcloth(s)
- ☆ Prescription medicines
- ☆ PERSONAL HYGIENE ITEMS
 - Soap
 - Deodorant
 - Toothbrush/toothpaste
 - Shampoo
 - Brush/comb
 - Hair clips/pony tail holders
 - Shower shoes (flip flops)
 - Lip Balm
 - Glasses case
 - Contacts case & solution
 - Feminine products
- ☆ Laundry bag (pop up style preferred for young campers)
- ☆ Clothing for one-week (Please keep choices modest/non-revealing)
- ☆ Sweat shirt/something warm for possible cold evenings
- ☆ Pajamas
- ☆ Rain gear (raincoat /poncho, rain boots, umbrella)
- ☆ Shoes (athletic shoes ,Flip flops /cros)
- ☆ Swimsuit (no bikinis please— keep it modest)
- ☆ Beach towel
- ☆ **Spray Sunscreen**
- ☆ Hat
- ☆ Flashlight (spare batteries)
- ☆ Bug repellent
- ☆ Backpack or small duffel bag
- ☆ Reading materials or games for down times
- ☆ Camera (NON Cell-phone)—optional
- ☆ Small fan (optional – it can get hot in August)
- ☆ **PLEASE LABEL ALL CLOTHING AND EQUIPMENT**

ITEMS NOT TO BRING:

- ☆ **CELL PHONES**, Electronic Devices: Video Games, etc. (if brought, these items will be confiscated at the beginning of the week, and securely stored then returned the last day of camp).
- ☆ Food or candy
- ☆ Drugs (illegal) or Alcohol
- ☆ Weapons of any kind: Knives, firearms, bows & arrows, etc.
- ☆ Fireworks, matches/lighters, or any hazardous materials

PARTY NIGHT!

Every year there is a talent/lip sync contest and party at the end of the week. So, if your camper wants to perform, he/she can bring props or instruments, etc. to assist in their performance (not required).